

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number 002308
EFS Filing _____	In re Application of	Xin QUI et al.
	Application Number	09/587,932
	File Date	06/6/2000
	Title	CONFIGURABLE ENCRYPTION/DECRYPTIO N CONFIGURATION FOR MULTIPLE SERVICES SUPPORT
	Art Unit	2135
Examiner		P. Pich
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 540.00</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any over payment to Deposit Account Number 502117, Motorola, Inc.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> applicant/inventor. </div> <div style="text-align: right;"> _____ /Larry T. Cullen/ Signature </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96) </div> <div style="text-align: right;"> _____ Larry T. Cullen Typed or printed name </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input checked="" type="checkbox"/> attorney or agent of record. Registration number 44,489 </div> <div style="text-align: right;"> _____ 215 323-1797 Telephone number </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> Attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). </div> <div style="text-align: right;"> _____ January 21, 2009 Date </div> </div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input checked="" type="checkbox"/> * Total of 1 forms are submitted.</p>		

